## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 101561, 264 APPLICANT(S)

12-19-05

(FOR USE WITH FORM PTO-875)

CLAIMS

|               | AS F         | AS FILED     |                | AFTER 1"AMENDMENT                                |              | AFTER 2 ** AMENDMENT                             |  |
|---------------|--------------|--------------|----------------|--|--------------|--|--|
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| 50<br>TOTAL   |              | [            |                |  |              |  |  |
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| TOTAL<br>DEP. | — <u></u>    | <u>.</u> F   | <u>~</u><br>ລາ | <u>~</u>   | لــــــ      | ~  |  |
| TOTAL         |              |              | 20             | 7  |              | 7  |  |
| CLAIMS        |              |              | 214            | 9  |              | *  |  |
| PTO - 1360 (  | REV. 11/04)  |              |                |  |              |  |  |

|          | ASI          | FILED               |             | FER<br>NDMENT   | AFTER 2 MAMENDMENT |            |
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| OTAL     |              |                     |             |                 |                    | 1          |
| LAIMS    |              | THE PERSON NAMED IN |             |                 |                    |            |
|          | T1           | C DEDARGE           | ENT of COM  | MEDCE           |                    |            |